



Lancashire Women

Safeguarding Policy – Adults

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1. Introduction

The services delivered by Lancashire Women aim to address the impact of the social, environmental, economic, and psychological influences upon women's wellbeing using a whole system's approach. We are working towards a Lancashire where all women are valued and treated as equals and are empowered to be able to transform their lives.

Our aim is to engage with women who are currently outside mainstream activities and provision, delivering support to overcome barriers to participation in normal daily life, developing confidence and unlocking potential. Lancashire Women aims to reduce harm and increase safety for those accessing our services, as well as their families and the wider community. Where possible we will contribute to and coordinate our priorities for safeguarding alongside those of Children's Safeguarding Assurance Partnership and Lancashire Safeguarding Adults Board's.

We recognise that to provide a safe and supportive environment for staff, volunteers and service users safeguarding must be part of our culture, values, and actions. We are committed to working together with both statutory and voluntary partners to ensure safeguarding remains a priority in the delivery of our services. Our workforce are trained in adversity and trauma awareness to enable us to provide better outcomes for adults affected by these factors.

Lancashire Women is committed to Safeguarding Adults in line with national legislation and relevant national and local guidelines.

We will safeguard adults by ensuring that our activities are delivered in a way which keeps all adults safe.

Lancashire Women are committed to creating a culture of zero-tolerance of harm to adults which necessitates: the recognition of adults who may be at risk and the circumstances which may increase risk; knowing how adult abuse, exploitation, or neglect manifests itself; and being willing to report safeguarding concerns.

This extends to recognising and reporting harm experienced anywhere, including within our activities, within other organised community or voluntary activities, in the community, in the person's own home and in any care setting.

Lancashire Women are committed to best safeguarding practice and to uphold the rights of all adults to live a life free from harm from abuse, exploitation, and neglect.

2. Policy Statement

Lancashire Women believes everyone has the right to live free from abuse or neglect regardless of age, ability or disability, sex, race, religion, ethnic origin, sexual orientation, marital or gender status.

Lancashire Women is committed to creating and maintaining a safe and positive environment and an open, listening culture where people feel able to share concerns without fear of retribution.

Lancashire Women acknowledges that safeguarding is everybody's responsibility and is committed to preventing abuse and neglect through safeguarding the welfare of all adults involved.

Lancashire Women recognises that health, well-being, ability, disability and need for care and support can affect a person's resilience. We recognise that some people experience barriers, for example, to communication in raising concerns or seeking help. We recognise that these factors can vary at different points in people's lives.

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Lancashire Women recognises that there is a legal framework within which they need to work to safeguard adults who have needs for care and support and for protecting those who are unable to take action to protect themselves and will act in accordance with the relevant safeguarding adult legislation and with local statutory safeguarding procedures.

Actions taken by Lancashire Women will be consistent with the principles of adult safeguarding ensuring that any action taken is prompt, proportionate and that it includes and respects the voice of the adult concerned.

3. Purpose

The purpose of this policy is to demonstrate the commitment of Lancashire Women to safeguarding adults and to ensure that everyone involved in Lancashire Women is aware of:

- The legislation, policy, and procedures for safeguarding adults.
- Their role and responsibility for safeguarding adults.
- What to do or who to speak to if they have a concern relating to the welfare or wellbeing of an adult within the organisation.

This policy applies to anyone working on behalf of Lancashire Women, including senior managers, the board of trustees, paid staff, volunteers, sessional workers, agency staff bank staff and students. Failure to comply with the policy and related procedures will be addressed without delay and may ultimately result in dismissal from the organisation.

4. Scope

This safeguarding adult policy and associated procedures and processes apply to all individuals involved in Lancashire Women including Trustees, Staff, and Volunteers and to all concerns about the safety of adults whilst being part of our organisation, its activities and in the wider community.

We expect our partner organisations, including for example, subcontractors, suppliers, and partners to adopt and demonstrate their commitment to the principles and practice as set out in this Safeguarding Adults Policy and associated procedures.

5. Commitments

In order to implement this policy Lancashire Women will ensure that:

- Everyone involved with Lancashire Women is aware of the safeguarding adult procedures and knows what to do and who to contact if they have a concern relating to the welfare or wellbeing of an adult.
- Any concern that an adult is not safe is taken seriously, responded to promptly, and followed up in line with Lancashire Women's Safeguarding Adults Policy and Procedures.
- The well-being of those at risk of harm will be put first and the adult actively supported to communicate their views and the outcomes they want to achieve. Those views and wishes will be respected and supported unless there are overriding reasons not to (see the Safeguarding Adults Procedures).
- Any actions taken will respect the rights and dignity of all those involved and be proportionate to the risk of harm.
- Confidential, detailed, and accurate records of all safeguarding concerns are maintained and securely stored in line with our Data Protection Policy and Procedures.
- Lancashire Women acts in accordance with best practice advice, for example, from The Charity Commission, NCVO, the Pan-Lancashire Safeguarding Adults Boards, National Governing Bodies and NSPCC (National Society for the Prevention of Cruelty to Children).
- Lancashire Women will cooperate with the Police and statutory services along

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with the relevant Local Authorities in taking action to safeguard an adult.

- All Trustees, staff, and volunteers understand their role and responsibility for safeguarding adults and have completed and are up to date with safeguarding adult training and learning opportunities appropriate for their role. (See Appendix 1)
- Lancashire Women uses safe recruitment practices and continually assesses the suitability of volunteers and staff to prevent the employment of unsuitable individuals in this organisation.
- Lancashire Women shares information about anyone found to be a risk to adults and children with the appropriate bodies. For example: Disclosure and Barring Service, Police, Local Authority/Social Care.
- When planning activities and events Lancashire Women includes an assessment of, and risk to, the safety of all adults from abuse and neglect and designates a person on the Rota who will be nominated as safeguarding person for that period. Actions taken under this policy are reviewed by the Board and senior management team on an annual basis.
- This policy and related policies (see below) and the Safeguarding Adults Procedures are reviewed no less than on a two-yearly basis and whenever there are changes in relevant legislation and/or government guidance as required by the Pan-Lancashire Safeguarding Adults Boards and The Charity Commission or because of any other significant change or event.

6. Implementation

Lancashire Women is committed to developing and maintaining its capability to implement this policy and procedures. In order to do so the following will be in place:

- A clear line of accountability within the organisation for the safety and welfare of all adults.
- Access to relevant legal and professional advice.
- Regular management reports to the Board detailing how risks to adult safeguarding are being addressed and how any reports have been addressed.
- Safeguarding adult procedures that deal effectively with any concerns of abuse or neglect, including those caused through poor practice.
- A Safeguarding Lead (see Appendix 3).
- A delegated Safeguarding person from the Rota to cover groups and events.
- A standing Safeguarding Group with an appointed Chair and clear Terms of Reference.
- Arrangements to work effectively with other relevant organisations to safeguard and promote the welfare of adults, including arrangements for sharing information.
- Codes of conduct for Trustees, Staff, and Volunteers and other relevant individuals that specify zero tolerance of abuse in any form.
- Risk assessments that specifically include safeguarding of adults.

Policies and procedures that address the following areas and which are consistent with this Safeguarding Adults policy.

- Safeguarding Children and Young People
- Bullying and harassment
- Social Media
- Equality, diversity, and inclusion
- Code of Conducts and a process for breach of these - Staff,
Volunteers, Service Users
- Discipline and grievance
- Concerns, Complaints and Compliments

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- Whistleblowing
- Safe recruitment and selection (staff and volunteers)
- Contract compliance
- Information policy, data protection and information sharing

In order to do so the following will be in place:

- Staff must always give due regard to issues of safety. This includes carrying out appropriate risk assessments before delivery of any sessions.
- All accidents/incidents involving staff or service users should be recorded using the CRM (Customer Relationship Management) System) immediately.

7. Key Points

- There is a **legal duty on Local Authorities** to provide support to ‘adults at risk.’
- **Adults at risk** are defined in legislation.
- The safeguarding legislation applies **to all forms of abuse** that harm a person’s well-being.
- The law provides a framework for good practice in safeguarding that makes the overall **well-being** of the adult at risk a priority of any intervention.
- The law in England emphasises the importance of **person-centred safeguarding**, (referred to as ‘**Making Safeguarding Personal**’ in England). Local Government Association 2017.
- The law provides a framework for making decisions on behalf of adults who cannot make decisions for themselves (**Mental Capacity**).
- The law provides a framework for organisations to **share concerns** they have about adults at risk with the local authority.
- The law provides a framework for all organisations to **share information and cooperate** to protect adults at risk.

8. Safeguarding Adults Legislation

Safeguarding adults in England is compliant with United Nations directives on the rights of adults. It is covered by:

- The Human Rights Act 1998
- The Data Protection Act 2018
- General Data Protection Regulations 2018
- The practices and procedures within this policy are based on the relevant legislation and government guidance.
- England - The Care Act 2014
- Care and Support Statutory Guidance (especially chapter 14) 2014
- Many other pieces of UK legislation also affect adult safeguarding. These include legislation about different forms of abuse and those that govern information sharing.

For example, legislation dealing with:

- Murder/attempted murder
- Physical Assault
- Sexual Offences
- Domestic Abuse/Coercive control
- Forced Marriage

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- Female Genital Mutilation
- Theft and Fraud
- Modern slavery and Human exploitation
- Hate crime
- Harassment
- Listing and Barring of those unsuitable to work with adults with care and support needs.

England also has legislation about the circumstances in which decisions can be made on behalf of an adult who is unable to make decisions for themselves:

- England and Wales - Mental Capacity Act 2005, Mental Capacity Amendment Act 2019.
- There are specific offences applying to the mistreatment of and sexual offences against adults who do not have mental capacity and specific offences where mistreatment is carried out by a person who is employed as a carer: e.g., willful neglect and willful mistreatment.

9. Definition of an Adult at Risk

The safeguarding adult's legislation creates specific responsibilities on Local Authorities, Health, and the Police to provide additional protection from abuse and neglect to adults at risk.

When a Local Authority has reason to believe there is an adult at risk, they have a responsibility to find out more about the situation and decide what actions need to be taken to support the adult.

The actions that need to be taken might be by the Local Authority (usually social care) and/or by other agencies, for example the Police and Health. An organisation may need to take action as part of safeguarding an adult, for example, to use disciplinary procedures in relation to a member of staff or volunteer who has been reported to be harming a service user. The Local Authority role includes having multi-agency procedures which coordinate the actions taken by different organisations.

An adult at risk is defined in England as (Care Act 2014)

An individual aged 18 years and over who:

- has needs for care and support (whether or not the local authority is meeting any of those needs) and; is experiencing, or at risk of, abuse or neglect.
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

10. Abuse and Neglect

Abuse is a violation of an individual's human and civil rights by another person or persons. It can occur in any relationship and may result in significant harm to, or exploitation of, the person subjected to it. Any or all the following types of abuse may be perpetrated as the result of deliberate intent, negligence, omission, or ignorance.

There are different types and patterns of abuse and neglect and different circumstances in which they may take place.

Safeguarding legislation in England lists categories of abuse differently however, they all include the following types of abuse: (see Appendix 5 for detail)

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- Physical
- Sexual
- Emotional/Psychological/Mental
- Neglect and acts of Omission
- Financial or material abuse
- Self-neglect
- Discriminatory
- Organisational / Institutional
- Domestic Abuse (including coercive control)
- Modern slavery

Abuse can take place in any relationship and there are many contexts in which abuse might take place, for example: Institutional abuse, Domestic Abuse, Forced Marriage, Human Trafficking, Modern Slavery, Sexual Exploitation, County Lines, Radicalisation, Hate Crime, Mate Crime, Cyber bullying, Scams. Some of these are named specifically within England. Abuse can take place within any context and the person causing harm might be any other person, for example, a member of staff, a volunteer, a service user.

Some examples of abuse include:

- Harassment of a service user because of their (perceived) disability or other protected characteristics.
- Not meeting the needs of the service user for example training without a necessary break.
- A professional who sends unwanted sexually explicit text messages to a service user with learning disabilities.
- A service user threatens another service user with physical harm and persistently blames them for things.

Abuse or neglect outside the organisation could be carried out by:

- A spouse, partner, or family member
- Neighbours or residents
- Friends, acquaintances, or strangers
- People who deliberately exploit adults they perceive as vulnerable
- Paid staff, professionals or volunteers providing care and support

Often the perpetrator is known to the adult and may be in a position of trust and/or power.

11. Signs and Indicators of Abuse and Neglect

An adult may confide in a member of staff, volunteer, or another service user that they are experiencing abuse inside or outside of the organisation's setting. Similarly, others may suspect that this is the case.

There are many signs and indicators that may suggest someone is being abused or neglected. There may be other explanations, but they should not be ignored. The signs and symptoms include but are not limited to:

- Unexplained bruises or injuries – or lack of medical attention when an injury is present.
- Person has belongings or money going missing.
- Person is not attending / no longer enjoying their sessions. You may notice that a service user has been missing from sessions and is not responding to reminders from staff or volunteers.
- Someone losing or gaining weight / an untidy appearance.

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- A change in the behaviour or confidence of a person. For example, a service user may be looking quiet and withdrawn when their brother comes to collect them from sessions in contrast to their support worker whom they greet with a smile.
- Self-harm.
- Self-Neglect.
- A fear of a particular group of people or individual.
- A parent/carer always speaks for the person and does not allow them to make their own choices.
- They may tell you / another person they are being abused – i.e., a disclosure.

12. Domestic Abuse

Definition of Domestic Abuse:

“Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: Psychological; Physical; Sexual; Financial; Emotional.”

This definition is not a legal definition but includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group.

Lancashire Women believe that no one should live in fear of violence or abuse. We take domestic abuse seriously and are committed to providing a sensitive and confidential response to anyone approaching us for assistance in cases of domestic abuse.

Lancashire Women will ensure that people experiencing domestic abuse are provided with information on appropriate services as early as possible and are given advice to allow them to make choices about what to do next, this will include:

- Contacting the police if not already done so.
- Advice on welfare benefits and debt advice.
- Referral to a Domestic Abuse service/provider.
- Ensure that where children and young people are affected by domestic abuse, they too have access to services as early as possible.
- Follow the relevant safeguarding procedures if we believe a child, young person or vulnerable adult is at risk due to an abusive relationship.
- Share information with and if requested attend Multi Agency Risk Assessment Conferences (MARAC).

The impact on children and adults can be devastating with experiences of poor mental and physical health, isolation, substance misuse (often as a coping mechanism) and for some this can result in serious injury or death. For those adults with care and support needs the impact may be exacerbated further alongside feelings of self-blame and shame or reluctance to use services where personal care or medical services are provided. Lancashire Women acknowledges and respects the choices victims make but also ensure they fulfil their statutory requirement to safeguard.

Working with specific groups:

Older people- Research has shown that there has been a failure to recognise domestic abuse in older people. Barriers to reporting may be due to dependency on the perpetrator, traditional attitudes to marriage or gender roles. Abuse that began in earlier life may have led to health problems and there needs to be an understanding of the distinction between abuse that is part of an ongoing relationship, or which commenced in later life.

People with mental illness - Not all adults with mental health issues will suffer from domestic abuse, however adults with mental health issues are considered more vulnerable to domestic abuse and require multi agency support to safeguard them from further harm. There is a strong link between domestic abuse and mental illness of both victim and perpetrator with 40% of high-

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risk victims reporting mental health issues.

People with learning disabilities- Research indicates that adults with learning disabilities are more likely to experience domestic abuse than the general population but less likely to report it. Capacity of those with learning disabilities to make informed choices particularly in relation to arranged/forced marriage should be considered, and the appropriate support services must be considered for this group.

People who misuse substances - Substance misuse may not be a direct cause of domestic abuse but it may increase the risk of or trigger it. Perpetrators of domestic abuse may exercise control over a victim who is dependent on substances although many perpetrators may themselves be dependent on substances in particular alcohol. Victims in addition may become dependent on substances as a coping mechanism and may wish to address the domestic abuse before their substance misuse.

Carers -The Care Act 2014 (amended 2018) defines a carer as someone who ‘provides or intends to provide care for another adult’ (but not as a volunteer or contracted worker). Carers may cause harm through abuse or neglect, the person they care for may abuse the carer or the carer may observe the abuse by and of others.

Adults who are vulnerable who perpetrate domestic abuse - Harm may be intentional or unintentional and it is important to recognise that adults who may be considered vulnerable can also be perpetrators of domestic abuse and this can often go unrecognised or hidden by family or professionals alike. If the abuse is linked to the person’s condition such as dementia or mental illness this does not mean the abuse be minimised or tolerated, it is therefore crucial to identify and manage the risks posed to the victim and others.

As part of multi-agency working there are a number of external mechanisms and processes in place that can risk assess the concerns and influence how decisions can be taken forward with regard to domestic abuse. These include:

- SafeLives Dash risk assessment checklist
- MASH - Multi Agency Safeguarding Hubs
- MARAC – Multi Agency Risk Assessment Conference
- MAPPA – Multi Agency Public Protection Arrangement

Although it is not part of our role to carry out a safe enquiry and assessment it is worth being aware of the importance of this. Research has shown incidence of violence and levels of harm increase when the perpetrator’s control is challenged therefore the perpetrator must not be aware of the enquiry or any plans to support the victim. Assessing risk at the point of disclosure assists in appropriate interventions and risk management.

Further guidance and information on Domestic Abuse can be found:

[Lancashire County Council Adults Domestic Abuse Policy \(lancshiresafeguarding.org.uk\)](http://lancshiresafeguarding.org.uk)

13. Wellbeing Principle

The concept of ‘well-being’ is threaded throughout UK legislation and is part of the Law about how health and social care is provided. Our well-being includes our mental and physical health, our relationships, our connection with our communities and our contribution to society. Being able to live free from abuse and neglect is a key element of well-being.

The legislation recognises that statutory agencies have sometimes acted disproportionately in the past. For example, removing an adult at risk from their own home when there were other ways of preventing harm. In the words of Justice Mumby ‘*What good is it making someone safe when we merely make them miserable?*’ What Price Dignity? (2010).

For that reason, any actions taken to safeguard an adult must take their whole well-being into

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Table 1 The Principles of Adult Safeguarding in England.

England (Care Act 2014) - The Act's principles are:

- **Empowerment** - People being supported and encouraged to make their own decisions and informed consent.
- **Prevention** – It is better to act before harm occurs.
- **Proportionality** – The least intrusive response appropriate to the risk presented.
- **Protection** – Support and representation for those in greatest need.
- **Partnership** – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting, and reporting neglect and abuse
- **Accountability** – Accountability and transparency in delivering safeguarding.

14. Person Centred Safeguarding/ Making Safeguarding Personal

The legislation also recognises that adults make choices that may mean that one part of our well-being suffers at the expense of another – for example we move away from friends and family to take a better job. Similarly, adults can choose to risk their personal safety; for example, to provide care to a partner with dementia who becomes abusive when they are disorientated and anxious.

None of us can make these choices for another adult. If we are supporting someone to make choices about their own safety, we need to understand ‘What matters’ to them and what outcomes they want to achieve from any action's agencies take to help them to protect themselves.

The concept of ‘Person Centred Safeguarding’/‘Making Safeguarding Personal’ means engaging the person in a conversation about how best to respond to their situation in a way that enhances their involvement, choice, and control, as well as improving their quality of life, well-being, and safety. Organisations work to support adults to achieve the outcomes they want for themselves. The adult’s views, wishes, feelings and beliefs must be considered when decisions are made about how to support them to be safe. There may be many different ways to prevent further harm. Working with the person will mean that actions taken help them to find the solution that is right for them. Treating people with respect, enhancing their dignity, and supporting their ability to make decisions also helps promote people's sense of self-worth and supports recovery from abuse.

If someone has difficulty making their views and wishes known, then they can be supported or represented by an advocate. This might be a safe family member or friend of their choice or a professional advocate (usually from a third sector organisation). Further guidance can be found in the LSAB Making Safeguarding Personal – A guide for practitioners July 2019.

15. Mental Capacity and Decision Making

We make many decisions every day, often without realising. UK Law assumes that all people over the age of 16 have the ability to make their own decisions unless it has been proved that they cannot. It also gives us the right to make any decision that we need to make and gives us the right to make our own decisions even if others consider them to be unwise.

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We make so many decisions that it is easy to take this ability for granted. The Law says that to make a decision we need to:

- Understand information
- Remember it for long enough
- Think about the information.
- Communicate our decision

A person's ability to do this may be affected by things such as learning disability, dementia, mental health needs, acquired brain injury and physical ill health.

Most adults have the ability to make their own decisions given the right support however, some adults with care and support needs have the experience of other people making decisions about them and for them.

Some people can only make simple decisions like which colour T-shirt to wear or can only make decisions if a lot of time is spent supporting them to understand the options. If someone has a disability that means they need support to understand or make a decision this must be provided. A small number of people cannot make any decisions. Being unable to make a decision is called "lacking mental capacity."

Mental capacity refers to the ability to make a decision at the time that decision is needed. A person's mental capacity can change. If it is safe/possible to wait until they are able to be involved in decision making or to make the decision themselves then this should happen.

For example:

- A person with epilepsy may not be able to make a decision following a seizure.
- Someone who is anxious may not be able to make a decision at that point.
- A person may not be able to respond as quickly if they have just taken some medication that causes fatigue.

Mental Capacity is important for safeguarding for several reasons.

Not being allowed to make decisions one is capable of making is abuse. For example, a disabled adult may want to take part in an activity but their parent who is their carer will not allow them to and will not provide the support they would need. Conversely the adult may not seem to be benefiting from an activity other people are insisting they do.

Another situation is where an adult is being abused and they fear the consequences of going against the views of the person abusing them. It is recognised in the law as coercion and a person can be seen not to have mental capacity because they cannot make 'free and informed decisions.

Mental Capacity must also be considered when we believe abuse or neglect might be taking place. It is important to make sure an 'adult at risk' has choices in the actions taken to safeguard them, including whether or not they want other people informed about what has happened, however, in some situations the adult may not have the mental capacity to understand the choice or to tell you, their views.

England has legislation that describes when and how we can make decisions for people who are unable to make decisions for themselves. The principles are the same.

- We can only make decisions for other people if they cannot do that for themselves at the time the decision is needed.
- If the decision can wait, wait.

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- If we have to make a decision for someone else, then we must make the decision in their best interests (for their benefit) and consider what we know about their preferences and wishes.
- If the action, we are taking to keep people safe will restrict them then we must think of the way to do that which restricts their freedom and rights as little as possible.

Many potential difficulties with making decisions can be overcome with preparation. A person needing support to help them make decisions whilst taking part with an organisation will ordinarily be accompanied by someone e.g., a family member or formal carer whose role includes supporting them to make decisions.

It is good practice to get as much information about the person as possible. Some people with care and support needs will have a 'One page profile' or a 'This is me' document that describes important things about them. Some of those things will be about how to support the person, their routines, food, and drink choices etc. but will also include things they like and do not like doing.

If a person who has a lot of difficulty making their own decisions is thought to be being abused or neglected you will need to refer the situation to the Local Authority, and this should result in health or social care professionals making an assessment of mental capacity and/or getting the person the support, they need to make decisions.

There may be times when an organisation needs to make decisions on behalf of an individual in an emergency. Decisions taken in order to safeguard an adult who cannot make the decision for themselves could include:

- Sharing information about safeguarding concerns with people that can help protect them.
- Stopping them being in contact with the person causing harm.

16. Recording and Information Sharing

All organisations must comply with the Data Protection Act (DPA) 2018 and the UK General Data Protection Regulations.

Information about concerns of abuse includes personal data. It is therefore important to be clear as to the grounds for processing and sharing information about concerns of abuse.

Processing information includes record keeping. Records relating to safeguarding concerns must be accurate and relevant. They must be stored confidentially with access only to those with a need to know.

Sharing information, with the right people, is central to good practice in safeguarding adults. However, information sharing must only ever be with those with a 'need to know.'

This does **NOT** automatically include the person's spouse, partner, adult, child, unpaid or paid carer. Information should only be shared with family and friends and/or carers with the consent of the adult or if the adult does not have capacity to make that decision and family/ friends/ carers need to know to help keep the person safe.

The purpose of Data Protection legislation is not to prevent information sharing but to ensure personal information is only shared appropriately. Data protection legislation allows information sharing within an organisation. For example:

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- Anyone who has a concern about harm can make a report to an appropriate person within the same organisation
- Case management meetings can take place to agree to co-ordinate actions by the organisation

There are also many situations in which it is perfectly legal to share information about adult safeguarding concerns outside the organisation. Importantly personal information can be shared with the consent of the adult concerned. However, the adult may not always want information to be shared. This may be because they fear repercussions from the person causing harm or are scared that they will lose control of their situation to statutory bodies or because they feel stupid or embarrassed. Their wishes should be respected unless there are over-riding reasons for sharing information.

The circumstances when we need to share information without the adult's consent include those where:

- it is not safe to contact the adult to gain their consent – i.e. it might put them or the person making contact at further risk.
- you believe they or someone else is at risk, including children.
- you believe the adult is being coerced or is under duress.
- it is necessary to contact the police to prevent a crime, or to report that a serious crime has been committed.
- the adult does not have mental capacity to consent to information being shared about them.
- the person causing harm has care and support needs.

when information is shared without the consent of the adult this must be explained to them, when it is safe to do so, and any further actions should still fully include them.

If you are in doubt as to whether to share information, seek advice e.g., speak to Line Manager and/or contact the Local Authority and explain the situation without giving personal details about the person at risk or the person causing harm.

Any decision to share or not to share information with an external person or organisation must be recorded together with the reasons to share or not share information.

17. Multi-Agency Working

Safeguarding adults' legislation gives the lead role for adult safeguarding to the Local Authority. However, it is recognised that safeguarding can involve a wide range of organisations.

Organisations may need to cooperate with the Local Authority and the Police including to:

- Provide more information about the concern you have raised.
- Provide a safe venue for the adult to meet with other professionals for example: Police/Social Workers/Advocates.
- Attend safeguarding meetings.
- Coordinate internal investigations (for example complaints, disciplinary action) with investigations by the police or other agencies.
- Share information about the outcomes of internal investigations.
- Provide a safe environment for the adult to continue their support/ their role in the organisation.
-

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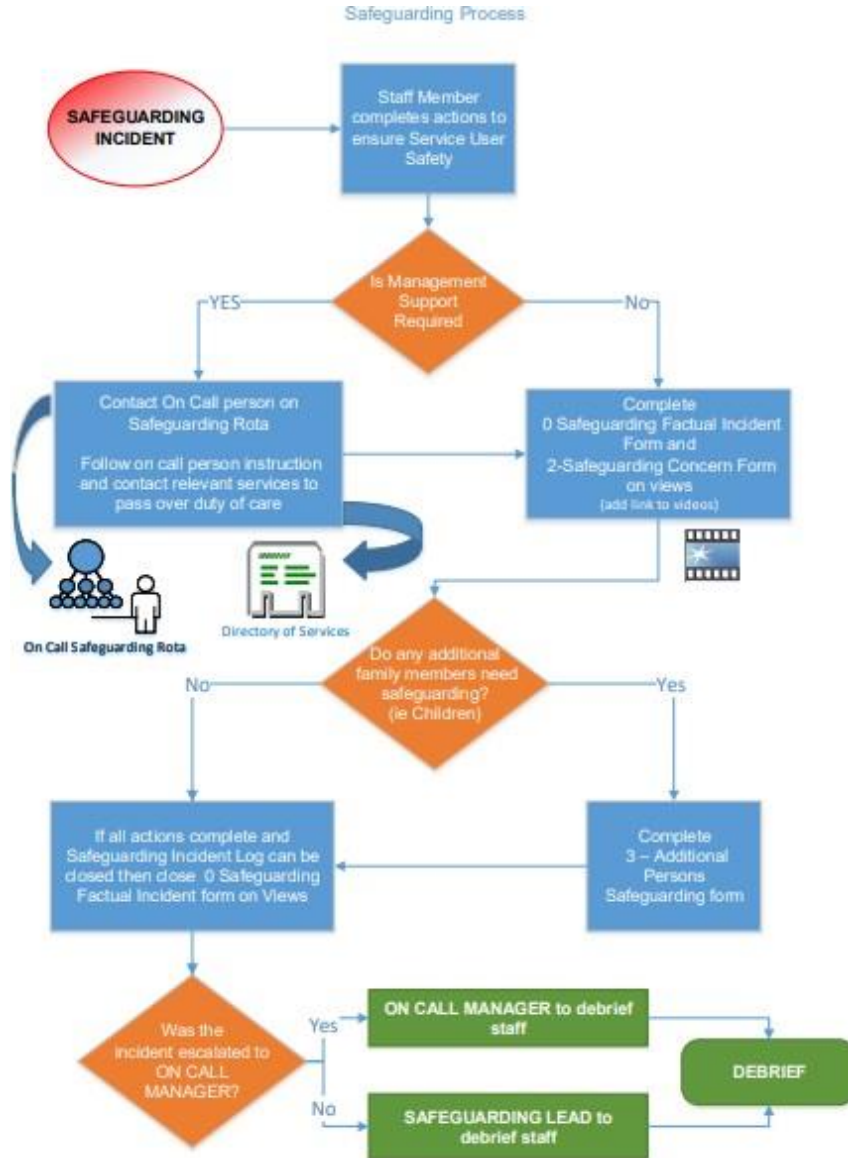
Appendix 1 - Safeguarding Accountability

SAFEGUARDING ACCOUNTABILITY

ROLE RESPONSIBLE	ACCOUNTABLE FOR....
BOARD OF TRUSTEES	<ul style="list-style-type: none"> • Approval of all Safeguarding Policies and Procedures • Ensure adequate resources for effective Safeguarding Training • Developing a culture within the organisation that promotes effective safeguarding practices.
CEO	<ul style="list-style-type: none"> • Has overall responsibility for ensuring that individuals are aware of and understand the principles of the Safeguarding Policy
SAFEGUARDING OFFICER & SENIOR LEADERSHIP TEAM	<ul style="list-style-type: none"> • All of below • Review and update Trustees following six monthly report • Read and review weekly update of Safeguardings • Attend any serious case reviews on behalf of LW • Update and agree any changes to Policy prior to escalation to Board for sign off. • Ensure all Staff Training, Wellbeing and Supervisions are adhered to and recorded • Ensure that Policy is accessible and implemented, Policy monitored and reviewed annually, sufficient resources are allocated to ensure that the Policy can be effectively implemented • Clear and effective communication pathways in Safeguarding to all staff and volunteers. • Implement any legal requirements or changes to Policy and Training • Safer Recruitment for Staff and Volunteers – ensure robust pre-employment checks and vetting
SAFEGUARDING LEAD/ DEPUTY SAFEGUARDING OFFICER	<ul style="list-style-type: none"> • All of below • Oversight of On Call Rota • Update, review and close all current safeguarding incidents. • Weekly update to Senior Management Team of overview report. • Monthly completion of Audit Report • Six Monthly SG report to Board of Trustees • Review of Serious incidents including accidental death and suicide
LINE MANAGER	<ul style="list-style-type: none"> • Staff Wellbeing • Staff Training • Staff supervision
ON CALL SAFEGUARDING PERSON	<ul style="list-style-type: none"> • To ensure available and accessible when on On Call Rota • Ensure On Call rota up to date with annual leave and contact information (ie Tel no) • Staff safety • Ensure that incident is dealt with correctly and as per LW Policy, Procedure and Guidance • Liaising with Statutory Services in an emergency
STAFF MEMBER	<ul style="list-style-type: none"> • Dealing with actions and reporting of safeguarding incident in line with LW Policy, Procedure and Guidance • Ensure that Duty of Care is passed to relevant service where applicable. • Escalate to On call Safeguarding person where additional guidance is required • Report and Record on Views (CRM) all accidental and suicidal deaths and inform Safeguarding Lead • Liaising with Statutory Services in an emergency

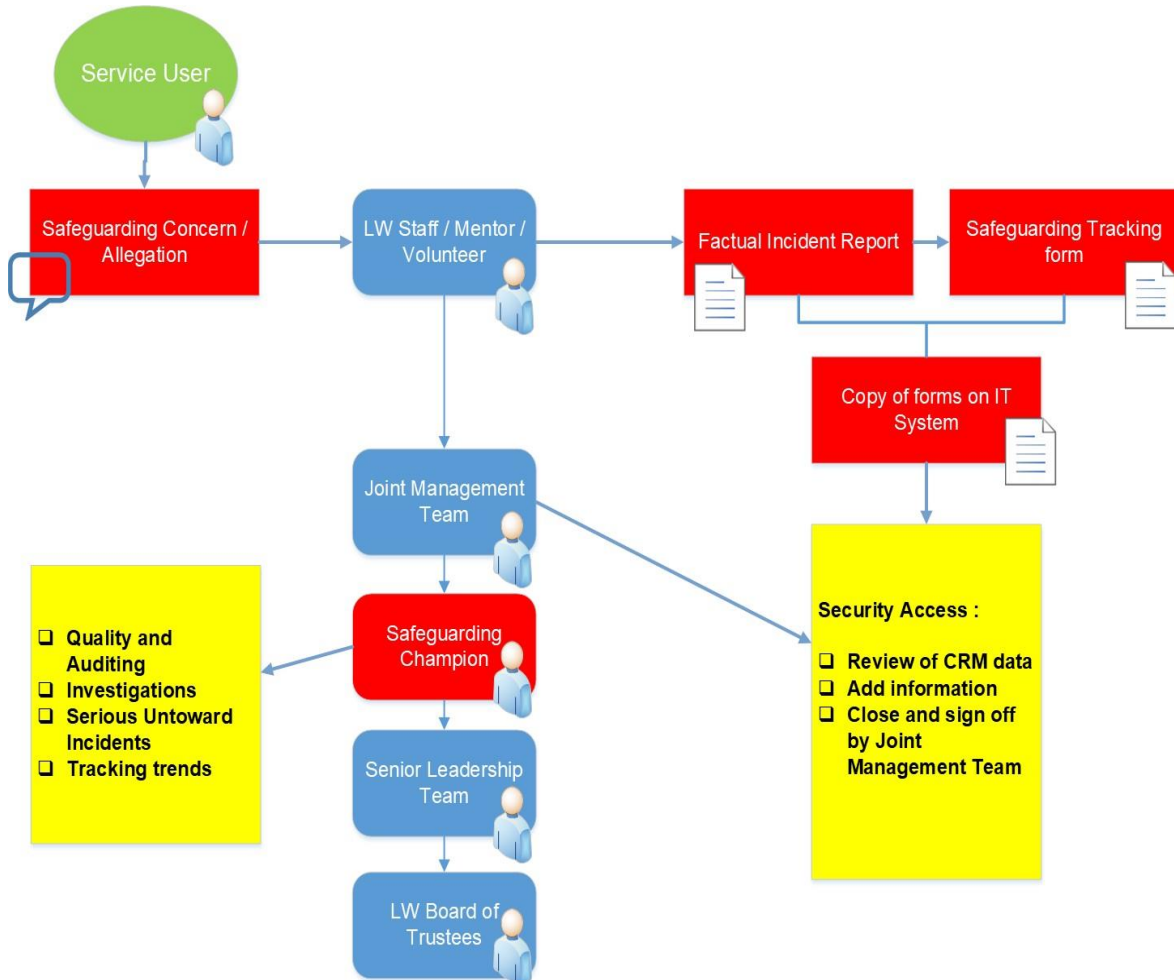
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Appendix 2 - Safeguarding Process



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Appendix 3 – Reporting



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Appendix 4 – Roles and Responsibilities

The designated person within an organisation has primary responsibility for putting into place procedures to safeguard adults at risk, supporting organisations welfare/safeguarding leads, where relevant and for managing concerns about adults at risk.

Duties and responsibilities include:

- Working with others within the organisation to create a positive inclusive environment within the organisation.
- Play a lead role in developing and establishing the organisation’s approach to safeguarding adults and in maintaining and reviewing the organisation’s implementation plan for safeguarding adults in line with current legislation and best practice.
- Coordinate the dissemination of the safeguarding adult policy, procedures, and resources throughout the organisation.
- Contribute to ensuring other policies and procedures are consistent with the organisation’s commitment to safeguarding adults.
- Advise on the organisation’s training needs and the development of its training strategy.
- Receive reports of and manage cases of poor practice and abuse reported to the organisation – including an appropriate recording system.
- Support the safeguarding group
- Manage liaison with, and referrals to, external agencies for example adult social-care services and the police.
- Create a central point of contact for internal and external individuals and agencies concerned about the safety of adults within the organisation.
- Provide advice and support to safeguarding staff and play a lead role in their recruitment, selection, and training.
- Represent the organisation at external meetings related to safeguarding

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Appendix 5 - Safeguarding Groups

Safeguarding Groups comprise of a select number of individuals with identified and relevant skills, knowledge experience and/or status within the organisation and include at least one member with safeguarding adult expertise. The group’s role and decision-making powers need to be embedded within the organisation’s governance structure and be linked to related organisational functions such as codes of conduct, and the disciplinary policy and procedures.

The senior management team and Lancashire Women Board should receive regular reports from the Safeguarding Group summarising the cases that have been addressed and their outcomes, as well as any issues that require action by Lancashire Women e.g., changes to policy or procedures.

Safeguarding Groups should have clear terms of reference. They meet regularly or can be brought together as the need arises.

Safeguarding Group roles include:

- to ratify any actions already taken by the Safeguarding Lead Officer.
- to identify appropriate ‘route’ for escalated cases (e.g., internal/ disciplinary action alone or referral to statutory agencies plus internal/ disciplinary action).
- to decide the level (from local to national) at which the organisation will deal with the concern.
- to review progress of case(s).
- to identify/ communicate learning from cases.

Case Management Groups’ membership should include:

- A designated Chair
- A secretary (often the designated Safeguarding Lead).
- Managers from relevant parts of the organisation where appropriate e.g., Human Resources, Membership, Legal.
- Co-opted independent safeguarding expertise

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Appendix 6 – Types of Abuse

Abuse: A form of maltreatment of an adult at risk. Somebody may cause abuse or neglect an adult at risk by inflicting harm, or by failing to act to prevent harm. Adults at risk may be abused in a family or in an institutional or community setting by those known to them or, more rarely, by others (e.g., via the internet). They may be abused by an adult or adults.

Physical abuse: Physical abuse may involve hitting, shaking, throwing, poisoning, burning, or scalding, drowning, suffocating, or otherwise causing physical harm to an adult at risk. Physical harm may also be caused when a person or carer fabricates the symptoms of, or deliberately induces, illness in an adult at risk.

Emotional abuse: Emotional abuse is the persistent emotional maltreatment of an adult at risk such as to cause severe and persistent adverse effects on their emotional development. It may involve conveying to them that they are worthless or unloved, inadequate, or valued only as far as they meet the needs of another person. It may feature age or developmentally inappropriate expectations being imposed on an adult at risk. These may include interactions that are beyond their developmental capability, as well as overprotection and limitation of exploration and learning, or preventing them participating in normal social interaction. It may involve seeing or hearing the ill-treatment of another. It may involve serious bullying, causing an adult at risk frequently to feel frightened or in danger, or the exploitation or corruption of them. Some level of emotional abuse is involved in all types of maltreatment of an adult at risk, though it may occur alone.

Sexual Abuse & Sexual Exploitation: Sexual abuse involves forcing or enticing an adult at risk to take part in sexual activities, including sexual exploitation, whether or not they are aware of what is happening, and whether it is for money or reward or not. The activities may involve physical contact, including penetrative contact (e.g., rape and buggery) or nonpenetrative acts. They may include non-contact activities, such as involving adults at risk in seeing, receiving, or sending sexually suggestive emails or text-messages, or inappropriate behaviour on the Internet, involving them looking at, or in the production of, pornographic material or watching sexual activities, or encouraging them to behave in sexually inappropriate ways.

Neglect: Neglect is the persistent failure to meet an adult at risk's basic physical and/or psychological needs, likely to result in the serious impairment of their health or development. Neglect may occur during pregnancy because of maternal substance abuse. Neglect may involve a person or carer failing to:

- Provide adequate food, clothing, and shelter, (including exclusion from home or abandonment)
- Protect an adult at risk from physical and emotional harm or danger
- Ensure adequate supervision (including the use of inadequate caregivers)
- Ensure access to appropriate medical care or treatment

It may also include neglect of, or unresponsiveness to an adult at risk's basic emotional needs

Discriminatory Abuse: Including racial or sexual harassment and abusive treatment based on an adult at risk's disability.

Disabled people are at increased risk of abuse and those with multiple disabilities are at even more significant risk both of abuse and neglect. Carers of

disabled people may experience multiple stresses. This group of people may be particularly vulnerable to abuse for several reasons including:

- Having fewer social contacts than other adults at risk.

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Lancashire Women

GOV200 Safeguarding Policy - Adults

- Receiving intimate personal care from a larger number of carers.
- Having an impaired capacity to understand what they are experiencing is abuse or to challenge the abuser;
- Having communication difficulties resulting in difficulties in telling people what is happening;
- Being reluctant to complain about fear of losing services.
- Being particularly vulnerable to bullying or intimidation.
- Being more vulnerable to abuse by peers than other adults at risk.

Disability is defined as: A major physical impairment, severe illness and/or a moderate to severe learning difficulty; an ongoing high level of dependency on others for personal care and the meeting of other basic needs.

Bullying: Bullying may be defined as deliberately hurtful behaviour, usually repeated over a period of time, where it is difficult for those bullied to defend themselves. It can take many forms, but the three main types are physical (e.g., hitting, kicking, theft), verbal (e.g., racist, or homophobic remarks, threats, name calling) and emotional (e.g. isolating an individual from the activities and social acceptance of their peer group). There is increasing use of modern technologies as a tool for bullying and such incidents should be taken seriously.

Online bullying or cyberbullying: Cyberbullying is an increasingly common form of bullying behaviour which happens on social networks, games, and mobile phones. Cyberbullying can

- include spreading rumours about someone, or posting nasty or embarrassing messages, images, or videos. Cyberbullying includes:
- sending threatening or abusive text messages
- creating and sharing embarrassing images or videos
- 'trolling' – sending menacing or upsetting messages on social networks, chat rooms or online games
- encouraging adults at risk to self-harm
- creating fake accounts, hijacking, or stealing online identities to embarrass an adult at risk or to cause trouble using their name
- sending explicit messages, also known as sexting
- pressuring adults at risk into sending sexual images or engaging in sexual conversations

Self-Harming Behaviour: adults at risk who harm or attempt to harm themselves should be taken seriously. The self-harming behaviour may cause impairment of their health or development and in some circumstances present significant harm or the risk of significant harm. Self-harming behaviour may also arise alongside eating disorders and/or drug misuse.

Self-Neglect: is when a person is unable, or unwilling, to care for their own essential needs. It can cover a wide range of behaviour including neglecting personal hygiene, health or surroundings, refusal of necessary support and obsessive hoarding. This type of behaviour has serious implications for the health and wellbeing of the person concerned and for the people who care for and support them.

What is self-neglect?

- lack of self-care to an extent that it threatens personal health and safety
- neglecting to care for one's personal hygiene, health, or surroundings
- inability to avoid harm as a result of self-neglect
- failure to seek help or access services to meet health and social care needs
- inability or unwillingness to manage one's personal affairs

Female Genital Mutilation (FGM): Female genital mutilation is a collective term for procedures

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that include the removal of part or all of the external female genitalia for cultural or other non-therapeutic reasons. The practice is medically unnecessary, extremely painful and has serious physical and mental health consequences both at the time and in later life. The procedure is typically performed on girls of 4 -13 years but may be performed on new-born babies or on young women. FGM can result in death.

FGM is much more common than is generally realised both worldwide and in the U.K. It is deeply embedded in the culture of the practicing community who may resent what they perceive as the imposition of liberal western values on them, but it is not a matter which can be left to personal preference or culture and custom. FGM is an extremely harmful practice that violates the most basic human rights. However, any community education should be sensitive to cultural norms and pressures.

FGM is a form of abuse. It's dangerous and the following is know:

- There are no medical reasons to carry out FGM.
- It's often performed by someone with no medical training, using instruments such as knives, scalpels, scissors, glass or razor blades.
- anesthetic or antiseptic treatment are often not used
- it's used to control female sexuality and can cause long-lasting damage to physical and emotional health

FGM can happen at different times in a girl or woman's life, including:

- when a baby is new-born
- during childhood or as a teenager
- just before marriage
- during pregnancy

FGM is a criminal offence (Prohibition of Female Circumcision Act 2003 and subsequent amendments by the Serious Crime Act 2015). Under the act it is an offence to arrange, procure, aid, or abet female genital mutilation. Parents/carers may be liable under this act. It is also an offence to allow the procedure to be undertaken in another country.

Forced Marriage: A forced marriage is one that is conducted without the full consent of both parties and where duress is a factor. Forced marriage can amount to sexual and emotional abuse and put adults at risk, susceptible to physical abuse. In circumstances where there are concerns that someone is at imminent risk of a forced marriage urgent referrals should be made to Children's and or Adults' Social Care.

Online abuse: Online abuse is any type of abuse that happens on the web, whether through social networks, playing online games or using mobile phones. Adults at risk may experience cyberbullying, grooming, sexual abuse, sexual exploitation, or emotional abuse. It can take place anywhere and anytime.

Honour Based Violence is a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and / or community by breaking their honour code. For young people or adults at risk it is a form

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of abuse and a serious abuse of human rights. It can be distinguished from other forms of violence, as it is often committed with some degree of approval and/or collusion from family and/or community members. Women, men, and younger members of the family can all be involved in the abuse. Victims can find it difficult to leave abusive relationships or ask for help if their immigration status is uncertain. They may face several issues such as a fear of deportation, bringing 'shame' on their families, financial difficulties, and homelessness, or losing their children. The notion of shame and the associated risk to the victim may persist long after the incident that brought about dishonour occurred. This means any new partner of the victim, children, associates, or their siblings may be at serious risk of significant harm.

Behaviours that could be seen to transgress concepts of honour include:

- Inappropriate make-up or dress;
- The existence of a boyfriend or a perceived unsuitable relationship e.g., a gay/lesbian relationship;
- Rejecting a forced marriage;
- Pregnancy outside of marriage;
- Being a victim of rape;
- Inter-faith relationships (or same faith, but different ethnicity);
- Leaving a spouse or seeking divorce;
- Kissing or intimacy in a public place;
- Alcohol and drugs use.

It is important to be mindful that people may be subject to honour-based violence for reasons which may seem improbable or relatively minor to others.

Staff and Volunteers should never lose sight of the fact that they are interacting with extremely vulnerable people, who may be faced with making life changing decisions in an extremely short space of time. Many honour-based violence victims, as in other forms of domestic abuse, just want the abuse to stop. They fear 'criminalising' their parents, families and/or their faith group and fear being isolated from their communities.

Online grooming: Grooming is when someone builds an emotional connection with an adult at risk to gain their trust for the purposes of sexual abuse, sexual exploitation, or trafficking. Groomers can use social media sites, instant messaging apps including dating apps, or online gaming platforms to connect with an adult at risk. They can spend time learning about a person's interests from their online profiles and then use this knowledge to help them build up a relationship. It is easy for groomers to hide their identity online. Groomers no longer need to meet adults at risk in real life to abuse them. Increasingly, groomers are sexually exploiting their victims by persuading them to take part in online sexual activity.

Sexting: Sexting is when someone shares sexual, naked, or semi-naked images or videos of themselves or others or sends sexually explicit messages. They can be sent using mobiles, tablets, smartphones, laptops etc – any device that allows you to share media and messages. Sexting may also be called 'trading nudes,' 'dirties' or 'pic for pic.'

Cuckooing: Cuckooing is the process whereby criminal gangs target the homes of vulnerable people in order to use their premises for criminal activity. Many of the victims are particularly vulnerable and criminal gangs may use threats and intimidation to gain access to the property to engage in criminal activity such as drug dealing, sexual exploitation etc.

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Adults who may be vulnerable to radicalisation and terrorism

Radicalisation is the process by which an individual comes to support terrorism and extremist ideologies associated with terrorist groups.

Radicalisation is process rather than an event, and there is no single profile or pathway by which someone can be drawn into terrorism. There are instead a range of contributing factors that can make someone more vulnerable, including:

- Peer pressure;
- Bullying;
- Family tensions;
- Race/hate crime;
- Lack of self-esteem or identity;
- Personal or political grievances.
- Vulnerable individuals are often targeted and influenced by radicalisers either directly or increasingly in online chat rooms or through social media.

Adults can be drawn into violence or they can be exposed to the messages of extremist groups by many means. These can include through the influence of family members or friends and/or direct contact with extremist groups and organisations or, increasingly, through the internet via Social media or other websites. This can put an adult at risk of being drawn into criminal activity and has the potential to lead to the adult suffering significant harm'.

This may take the form of a "grooming" process where the vulnerabilities of an adult are exploited to form an exclusive friendship which draws them away from other influences that might challenge the radical ideology. The risk of radicalisation can develop over time and may relate to a number of factors in the adult's life. Identifying the risks require practitioners to exercise their professional judgement and to seek further advice as necessary. The risk may be combined with other vulnerabilities or may be the only risk identified.

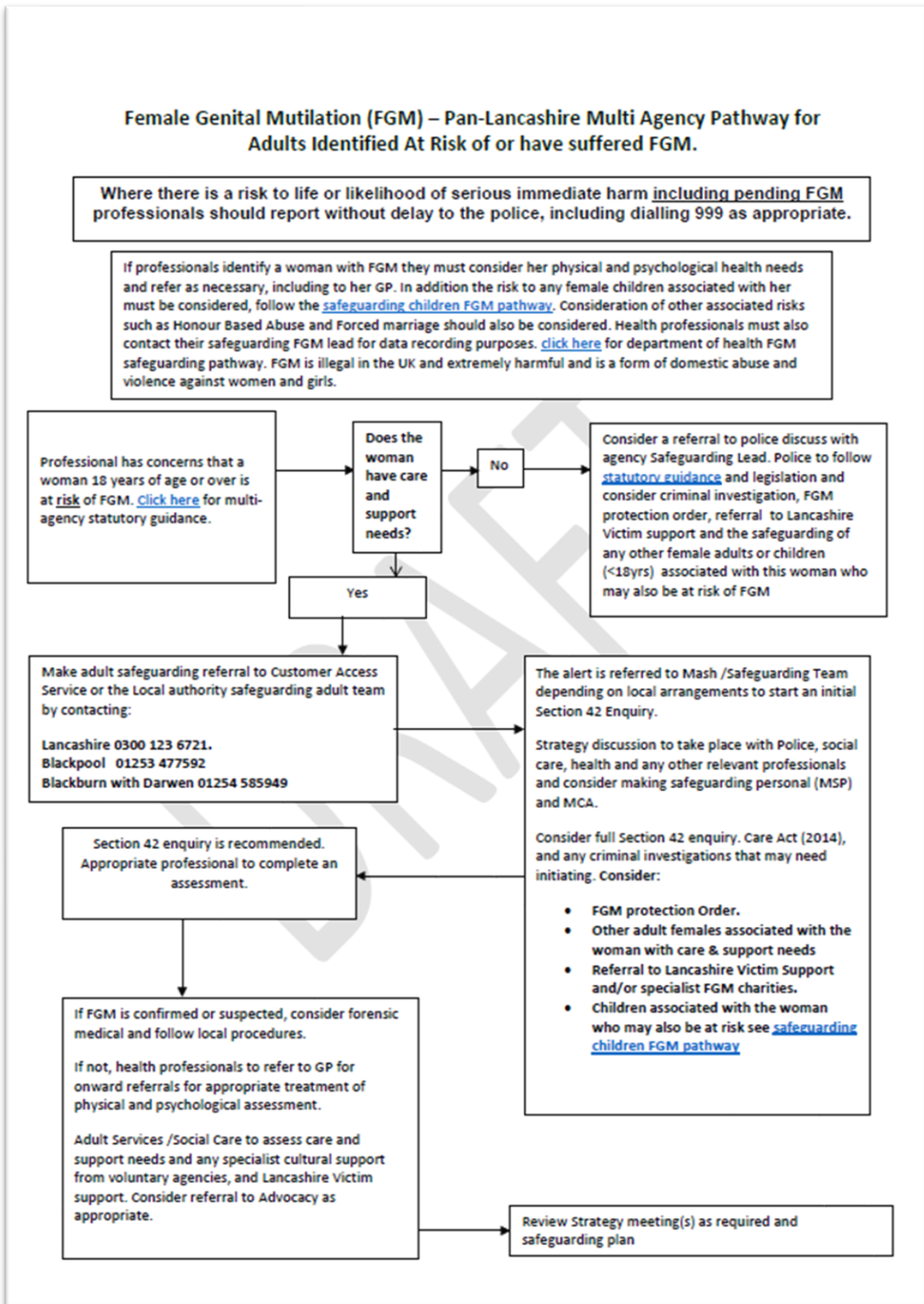
On-line content in particular social media may pose a specific risk in normalising radical views and promoting content that is shocking and extreme; some adults can be trusting and may not necessarily appreciate bias, which can lead to being drawn into such groups and to adopt their extremist views.

Radicalisation is seen as a form of harm or abuse of vulnerable people and should be dealt with as for any other safeguarding concern.

Any suspicions of radicalisation and extremism should be reported immediately to a line manager and Safeguarding Lead.

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Appendix 7 - FGM – Pan Lancashire Multi Agency Pathway...



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Appendix 8 – Sources of Information and Support

Also see crib sheet on SharePoint (link Safeguarding - Everything you need to know (sharepoint.com))

Action on Elder Abuse

A national organisation based in London. It aims to prevent the abuse of older people by raising awareness, encouraging education, promoting research, and collecting and disseminating information.

Tel: 020 8765 7000

Email: enquiries@elderabuse.org.uk

www.elderabuse.org.uk

Ann Craft Trust (ACT)

A national organisation providing information and advice about adult safeguarding. ACT have a specialist Safeguarding Adults in Sport and Activity team to support the sector

Tel: 0115 951 5400

Email: Ann-Craft-Trust@nottingham.ac.uk

www.anncrafttrust.org

Men’s Advice Line

For male domestic abuse survivors

Tel: 0808 801 0327

National LGBT (Lesbian, Gay, Bisexual and Transgender) + Domestic Abuse Helpline

Tel: 0800 999 5428

National 24Hour Freephone Domestic Abuse Helplines

England	Northern Ireland
Tel: 0808 2000 247 www.nationaldahelpline.org.uk/Contact-us	Tel: 0808 802 1414 www.dsahelpline.org Twitter: www.twitter.com/dsahelpline Facebook: www.facebook.com/dsahelpline
Scotland	Wales
Tel: 0800 027 1234 Email: helpline@sdafmh.org.uk Web chat: sdafmh.org.uk	Llanelly Gymorth Byw HebOfn/ Live free from fear helpline Tel: 0808 8010 800 Type Talk: 18001 0808 801 0800 Text: 078600 77 333

Rape Crisis Federation of England and Wales

Rape Crisis was launched in 1996 and exists to provide a range of facilities and resources to enable the continuance and development of Rape Crisis Groups throughout Wales and England.

Email: info@rapecrisis.co.uk

www.rapecrisis.co.uk

Respond

Respond provides a range of services to victims and perpetrators of sexual abuse who have learning disabilities, and training and support to those working with them.

Tel: 020 7383 0700 or

0808 808 0700 (Helpline)

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Stop Hate Crime

Works to challenge all forms of Hate Crime and discrimination, based on any aspect of an individual's identity. Stop Hate UK provides independent, confidential, and accessible reporting and support for victims, witnesses and third parties.

24 hours service:

Telephone: 0800 138 1625

Web Chat: www.stophateuk.org/talk-to-us/

E mail: talk@stophateuk.org

Text: 07717 989 025

Text relay: 18001 0800 138 1625

By post: PO Box 851, Leeds LS1 9QS

Susy Lamplugh Trust

The Trust is a leading authority on personal safety. Its role is to minimise the damage caused to individuals and to society by aggression in all its forms – physical, verbal, and psychological.

Tel: 020 83921839

Fax: Email: info@suzylamplugh.org

www.suzylamplugh.org

Victim Support

Provides practical advice and help, emotional support, and reassurance to those who have suffered the effects of a crime.

Tel: 0808 168 9111

www.victimsupport.com

Women's Aid Federation of England and Wales

Women's Aid is a national domestic violence charity. It also runs a domestic violence online help service.

www.womensaid.org.uk/information-support

HARV

Domestic Abuse Team

Tel: 01254 879855

<https://www.harvoutreach.org.uk>

Fylde Coast Womens Aid

Domestic Abuse charity

Tel: 01253 596699

<https://www.fcwa.co.uk>

Safenet

Domestic Abuse support

Tel: 03003033581

<https://safenet.org.uk>

Lancashire Victim Services

Domestic Abuse Support

Tel: 03003230085

<https://lancashirevictimservices.org>

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